

Figure SC810.F45. Sample Controversion Letter - Diagnosis Not Compatible With Injury

USE INSTALLATION LETTERHEAD

FROM: AAAA-BB

Date

SUBJECT: Controversion of FECA Claim - James G. Blue, DOI-3 January 1994

TO: Office of Workers' Compensation Programs
Street Address
City, State Zip Code

Dear Claims Examiner:

We request that status of James G. Blue's claim be changed from noncontroverted to controverted for the reasons stated below. According to Mr. Blue's Form CA-1, he sustained a minor contusion to his left ankle while in the performance of duty on 3 January 1994. He accepted treatment at our medical facility, was found fit for duty and returned to work. He worked without incident through 7 January 1994. On 10 January 1994, Mr. Blue contacted this office stating his ankle was still bothering him, requested he be granted COP and authorization to see his private physician, Dr. Thomas. Mr. Blue's supervisor issued a Form CA-16 authorizing medical treatment for the ankle injury and mailed it to Dr. Thomas the same day. Mr. Blue was subsequently hospitalized for surgery, and as of this date has not returned to duty.

We have carefully reviewed the attached Form CA-16, recent correspondence from Dr. Thomas, and the hospital reports. Although Dr. Thomas's letter of 11 January 1994 led us to believe that the claimant was being hospitalized for his ankle injury, these attachments indicate otherwise. This evidence shows that Mr. Blue was hospitalized and treated for a health problem unrelated to his ankle injury or to his Federal employment. Further, it does not provide reasoned medical opinion of relationship between Mr. Blue's ankle injury to the hospitalization and surgery for "gangrenous appendix."

We believe that Mr. Blue is attempting to abuse the provisions of the FECA and is being aided by his treating physician. Since the attached documentation clearly shows

that Mr. Blue's disability is not related to his claimed injury, we request his claim be denied in its entirety.

Thank you for your consideration of our request. If you have any questions, please call me at (614) 522-5001.

Sincerely,

MELVIN A. BROWN
Injury Compensation Program
Administrator

3 Encl

1. Form CA-16
2. Dr. Thomas's letter
3. Hospital Records

cc: James G. Blue